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1 Summary

This report is the result of a study commissioned by the FERASI Centre in order to inform its Committee of Strategic Development of the future research trends in nursing services administration defined as "the scope of the study of practices regarding the management and organization of the nursing profession and its workforce and pertinent policies" (FERASI, 2001). Recent periodicals and grey literature have been analyzed in order to extract information concerning the Centre’s three objects of interest: organization of nursing care, workforce and policies regarding nursing services administration.

Recent publications indicate a common trend in redefining the roles of the different health system players (health professionals, administrators and users). The responsibilities are reorganized in part to make the health systems less rigid and more adaptable. Increased leadership and independence are two concepts that are omnipresent in the literature studied. Several models are presented, ranging from shared governance to a nurse-led system. Three factors favouring increased leadership are found in recent literature: training, knowledge transfer and management supporting the professional role of nurses. Several studies demonstrate the importance of leaders in the nursing profession who have worked to increase the leadership profile of the nursing profession (practice, administration, and politics). These nursing leaders also seem to play a central role in the development of more healthy working environments not just for nurses but for all professional groups. This is particularly relevant for the current context of nursing workforce shortage.

Various publications offer strategies to counter the lack of nursing staff. Even if many proposed solutions involve increasing the number of nurses, several studies currently lean towards job retention. A vast body of literature is being produced around the development of workforce management models for increasing the emotional health of personnel. Studies conducted in magnetic hospitals have revealed that certain factors increase work satisfaction and psychological health of the employees. For example, some studies show a relationship between the nursing staff and the level of participation in the organization. Several authors evoke the need for an equal distribution of powers between professions. This demonstrates that there exists an explicit link between the type of management adopted and healthy work environments. An increase in power for nurses would also strengthen their political influence.

There are a lot of current publications depicting the nurses’ point of view regarding health reforms. Despite this, their political influence is still minimal. Several strategies are presented for nurses to be more influential in political decisions. Some authors are for the creation of organizations which would study the political situations of the nursing sector. Another proposition is of forming alliances and coalitions to increase the influence of nurses. According to some authors, an increase in the number of nurses who have post-graduate degrees would foster their political influence. Whereas other authors believe that nurse leaders should have a greater presence in political decisions for nurses to have more visibility.

From the analysis of the literature used for this document emerged a key concept underlying the major part of the current trends in nursing administration research. Several of these research orientations involve a redefinition of certain limits and interfaces. This will be covered in this report’s conclusion.
2 Summary of Trends

Research Priority Highlights
- Examine models that leave more room for patients in research and decision-making.
- Evaluate new models of practice, their implementation within organizations and the system.
- Examine models facilitating the continuity of care.

Overall Situation Highlights
- Further examine the importance of nursing directors.
- Examine the conditions needed for nursing directors to exercise their influence within new organizations.
- Examine the role of the nurse leaders in integrated networks and the joint management between nurses and doctors.
- Examine governance from the continuity of care perspective.

Shared Management Highlights
- Proposal of the leadership-for-all model characterized by a sense of belonging, a presence of leaders at all levels, organizational support for leaders, a redefinition of traditional roles and detailed training for all would be important.
- Implementation of fluid processes in changing environments.

Highlights of Trends in Roles of Nurses
- Propose terms and conditions for nurses to have more autonomy.
- Conduct research projects analyzing both management models and the introduction of new roles or functions among organizations and the healthcare system.
- Two conceptions of the nurse-led model are considered: the first, centred on the practitioner's role, and the second, consisting of a care unit administration system centred on nursing staff.
- A trend in using nurse practitioners and highlighting their positive impacts.

Workforce Management Highlights
- Redefinition of the nurses' role as knowledge workers in order to restore their image.
- Need of pioneering and creative models that would conciliate nurse needs and those of the organization, like the person-environment model and magnetic hospitals.

Political Influence Highlights
- The political influence remains minimal.
- Research could help to refine political analysis.
- Align professional priorities with those of the government.
- Influence research priorities so that those of the profession are included.
- Include more nurse leaders in high-level decision-making positions.
- Improve nurse training.
3 Research Objectives and Methodologies

The year 2005 represents for the FERASI Centre a period for planning and evaluating its activities. In order to update its objectives, the FERASI Centre’s Committee of Strategic Development must look ahead to future challenges in nursing services administration. This report was carried out accordingly.

Recent periodicals and grey literature were analyzed in order to extract the research trends in nursing services administration. Three objectives of the FERASI Centre were covered in this study: organization of nursing, workforce and policies concerning nursing services administration. This literature search was specifically aimed towards publications of the following countries: U.S.A, Canada, United Kingdom, other Commonwealth countries and European Union (EU) countries.

To obtain an overview of future trends in nursing services administration, the research was conducted using the most recent publications. Current Content, indexing the scientific publications over the last twelve months (from January 2004 to January 2005 for this report), was the main database used. Other databanks, such as CINAHL and PubMed, were used to complete the investigation. Some professional organization or government websites (such as those of the OIIQ or RCN) were also consulted to find grey literature. Finally, some references in the bibliographies of the articles read were examined more thoroughly.

The research methodology used to examine the databanks is summarized in the keyword combination diagram (see appendix, p. 24). The diagram depicts the different boolean combinations of keyword groups used to search the database. In this model, the central truncation used is nurs*, related to all terms beginning with these four letters (ex.: nurse, nursing, etc.). The central term is then linked by “AND” to general terms in order to guide research on future trends (trend*, futur*, outlook, prospect, view*, setting, issue*). This combination is completed by adding keywords which orient search results towards a FERASI Centre-related issue (workforce, administration and policies). In order to examine the current trend of redefining nurses’ roles, another group of keywords concerning their responsibilities has been added to the search criteria.

Here is an example of the combinations used:
(nurs) AND (trend* OR issue* OR future OR prospect* OR view*) AND (management OR planning OR administration)

Further research was also conducted using specific terms (shared governance, magnet* hospital, nurse-led, participative leaderships, RCN, program leadership).

The results of each keyword combination were then reviewed to extract the relevant articles. They were selected according to the following criteria:
Reasons for Rejection

— Articles too clinical
— No connection with the topics studied by the FERASI Centre (care organization, political issues and workforce)
— Too much emphasis on the individual level rather than on nursing as a whole
— Articles show no link between the nursing sector in target countries (United States, European Union, Canada and other Commonwealth nations)

Criteria for Acceptance

— Relevance to one of the three studies undertaken by the FERASI Centre (care organization, political issues and workforce)
— Future trends defined

An in-depth reading of the publications selected was used to select the articles notable for their content and what they propose.

The literature searched during this investigation helped to set up an Endnotes databank containing more than 120 references (available on request). Only articles that seemed more relevant to the FERASI centre were studied in depth. The most relevant publications were then summarized on analytical data cards containing the following: title, author, country, issue, objectives, research type, theoretical approaches, definition and description, model, results, future trends, conclusion, recommendations, relevant references and criticisms.

These cards were then used to write this report summarizing the various trends found in recent literature on nursing services administration. The research orientations of major interest for the FERASI Centre are listed in section 2: Summary of Trends.
Healthcare and Nursing Reforms

Today, several national health systems are undergoing transition. According to Kinnaman and Bleich, the era of rigid and mechanistic institutional models is now over (Kinnaman and Bleich 2004). The orientation towards integrated health systems and patient-oriented organizations are trends influencing contemporary healthcare reforms. For these changes to occur, care has to be reorganized at several levels, especially in the nursing sector.

According to the **Ordre des infirmières et des infirmiers du Québec** (OIIQ), nursing governance will have to be redefined according to the new healthcare reforms (OIIQ 2004: p.8). This professional corporation strongly believes that the current challenges facing healthcare facility governance are the following: clientele profile modification, integration of care and services, restricted staff management, safe delivery of care and services, optimal use of professional resources, integration of the new generation of nurses and transfer of knowledge because of shortage (OIIQ 2004: p.11). Nursing services administration research is used to find ways to reach these objectives and governance models to apply them. However, research in this field is still little developed (Jennings 2004). In this situation, an organization like the FERASI Centre undoubtedly plays a vital role in developing a community of interest and expertise in nursing services administration.

The number of postgraduate nurses needs to be increased to promote nursing research management. Currently in Canada, two hundred nurses hold a doctorate in nursing and about twenty students are earning this title each year (Pringle 2003). According to Pringle, the Canadian education programs produce excellent nursing researchers who are in great demand by multidisciplinary health research teams. Pringle has identified four major obstacles to establishing a solid basis for research in nursing sciences (Pringle 2003). The first is the underfunding of research because funds often come from nursing schools that are themselves faced with tight budgets. This problem seems to exist in other countries, such as the United Kingdom (Rafferty and Traynor 2004). In addition, the amount of teaching time required of nursing professors often prevents them from meeting their research goals. The second challenge identified by Pringle is the establishment of joint positions between clinics and research facilities. The third challenge is to demonstrate to new nursing science students that, in addition to practising their profession, they could also pursue careers in nursing research. Another obstacle to creating a proper research-oriented environment is the large number of nursing school directors who are primarily teachers and not researchers (Pringle 2003).

Another current challenge for nursing research is its increasing presence among interdisciplinary health research groups. Jennings addresses the positive impacts of interdisciplinary research combining nursing services administration investigations (NAR) with health services research (HSR) (Jennings 2004), whereas other authors believe in interdisciplinary research between nursing and social services (Kharicha 2004, King and Ross 2003). An interdisciplinarity between social sciences and nursing services administration can be found in modern literature. This can notably be seen in the use of approaches and social science concepts such as social capital (Kritsotakis G and Gamarnikow E 2004), the Foucaldian concept of power (Mantzoukas and Jasper 2004, Peter 2004), constructivist (Dendaas 2004, King and Ross 2003) and feminist approaches (Peter 2004). The FERASI Centre, already having an interdisciplinary mandate, must continue along these lines and promote innovation.

Although it does not share the same status as other areas of investigation, research in nursing science administration has developed a massive body of scientific literature over the years.
Like any other field of study, nursing sector management publications follow certain trends. In order to contribute to the Centre's strategic development, this report describes a few areas of future research that seem to emerge from recently published literature.
Research Priorities

In an article published in 2004, Ross and her research partners described the current research priorities in nursing services administration in the United Kingdom (Ross and al. 2004). The originality of this study is that it combines a review of the literature (published articles and U.K-related political documents) with the users’ perspectives (England and Wales) and main players (nurses and other health professionals, researchers, educators, politicians). The users’ perspectives were collected using focus groups and those of the players through individual interviews and telephone surveys. Two sources of data were then combined in the literature study to establish the common opinions regarding research and development necessary for improved management of nursing and midwife services. This process helped the authors to identify five common research priorities: efficient and appropriate interventions, individualized services, continuity of care, personnel capacity and quality and user involvement in the care process.

Here are a few proposals emerging from this study (Ross and al. 2004) for development of the nursing sector and the practice of midwifery:

- Develop models that leave more room for users to participate in the decision-making process and evaluate them in relation to the organizations’ cultures, professional approaches and service results.
- Evaluate the nurse-led models centred on the patient within a range of clinical and public health configurations.
- Evaluate continuity of care models for patients at risk (ex.: senior citizens).
- Identify methods to efficiently transfer data between professionals, nursing services and agencies.
- Systematically review the diversification of roles, career plans and work life.
- Evaluate personnel recruitment and retention strategies.
- Elaborate and evaluate success criteria for the creation of new services centred on redefining responsibilities, teamwork and service reconfiguration.
- Develop abilities and skills allowing users to participate in nursing research and evaluate their impacts.

The literature reviewed for this report shows that these research questions are indeed of current interest. All these proposals are relevant to nursing services administration. In fact, the FERASI Centre should promote research on these topics. Current investigations in nursing services administration are trying to find ways to meet the urgent need of bridging and implementing contemporary health reforms. As illustrated in this report, there is a large amount of literature on the role of nurses against the background of these changes.

Research Priority Highlights

- Examine models that leave more room for patients in research and decision-making.
- Evaluate new models of practice, their implementation within organizations and the system.
- Examine models facilitating the continuity of care.
According to Wolf and his research partners, one of the challenges of establishing integrated care systems is the development of a global organization that retains local identity while creating a standardized care system. This structure must also facilitate the development of a workforce and leaders to meet the objectives of the new integrated system. To this end, Wolf offers the TMPPHO (Transformational Model for Professional Practice in Healthcare Organizations), a model for the transition to an integrated system maintaining a balance between global and local priorities.

The TMPPHO has been implemented in two hospitals that are part of a large integrated care complex of nineteen hospitals located in Pittsburgh. The steps for implementing this model are the following:

1) Determine a future image of the organization and anticipate changes in the care environment.
2) Evaluate today's reality and compare it with the projected future environments. Identify challenges and develop action plans to overcome them.
3) Build a support structure.
4) Administer this new architecture.
5) Conduct a multi-level evaluation of application of the model.

To evaluate the efficiency of this new model, Wolf’s research group compared the nursing results of TMPPHO and non-TMPPHO healthcare complex hospitals. This comparative study showed many positive results related to the implementation of the new organization system. For example, the study showed a 23% decrease in medical errors, a 7% decline in central line infections and a 14% reduction in the average admission waiting time in emergency departments. The model would also offer better quality healthcare even with staff reductions. According to Wolf, even if these positive results cannot be entirely attributable to the TMPPHO, the model is still efficient.

The authors affirm the importance of CNOs (Chief Nursing Officer) in the implementation of the TMPPHO, to which several nursing-related responsibilities are assigned. For example, they play a role in the pairing of strategic nursing branches and the system’s objectives. They are also responsible for planning, implementing, and evaluating standards and practices to provide high-quality healthcare at reasonable costs in this new environment.

As demonstrated in this report, several studies show the importance of nursing executives in healthcare reforms. For example, the OIIQ shows how the nursing director plays a central role in the application of the management by program-clientele model (OIIQ 2004). In this model doctors and nurses share management responsibilities to simplify and accelerate the coordination of multidisciplinary teams for a clientele. This new management method meets some of the research priorities set forth by Ross, such as the development of models that are more patient-oriented (Ross and al. 2004). The OIIQ shows the importance of nursing directors in the organization of integrated services and program-clientele management. They must ensure comparable service levels for all programs and sites. This is similar to another one of Ross’s research priorities: the continuity of care (Ross and al. 2004). The program-clientele management model must be implemented along with a redefinition of nursing director roles According to the OIIQ, the current responsibilities of nursing directors are summarized in seven fields:
According to the Order, nursing directors must be full-time executives and members of the executive committee. They must also have access to resources in order to carry out projects and exercise sufficient authority to carry out their responsibilities. Efficient nursing directors must have excellent management skills, be able to cope with uncertainty and ambiguity, have a good understanding of the profession and possess skills in negotiation and politics. A nursing director should also possess the skills required to promote clinical leadership. The evaluation of this role and of its conditions of practice is to be further addressed in the organizational changes situation.

Increased leadership is a rapidly growing trend in the literature on nursing services administration.

**Overall Situation Highlights**

- Further examine the importance of the presence and role of nursing directors
- Examine the conditions needed for nursing directors to exercise their influence in new organizations.
- Examine the role of nurse leaders in integrated networks and the joint management between nurses and doctors.
- Examine governance from the continuity of care perspective.

### 7 Shared Governance

According to Scott, today’s healthcare governance must develop new forms of leadership reflecting the diversity of employees and serviced communities (Scott and Caress 2005). This perspective is shared by the editor of JNM (*Journal of Nursing Management*) magazine of January 2005 which illustrates recent government trends (especially those of the United Kingdom) for the leadership-for-all strategy (JNM 2005). This strategy would help health professionals take initiatives on all levels to develop healthcare services of the future. This model is in keeping with another term found in recent healthcare administration: shared governance. According to Scott’s description, shared governance is a management and leadership system that gives more influence to employees in the decision-making process (Scott and Caress 2005). This model proposes a structure that allows health professionals to work together to develop healthcare.

Nurse leaders have a fundamental role in the implementation of this new management model. The JNM editor of January 2005 evokes four challenges facing nurse leaders in orientating their management towards leadership-for-all. The first challenge would be to create a sense of belonging within the organization, making employees feel that they can contribute to its development. To do so, the work of small teams sharing clearly expressed values and objectives needs to be encouraged. The second shared governance objective is to develop leaders at every level in the organization and of supporting them through a reliable
organization structure. The third challenge for leaders is to go beyond the traditional barriers of the practice. The power relationships between professions need to be broken down to create a more positive work environment that would necessarily have an impact on personnel retention (see the chapter on workforce in this report). The final objective to be met by leaders is the development of leadership training. Improved training is a solution frequently evoked in the literature for the implementation of new orientations in nursing sector management.

According to Scott, shared governance is not implemented by applying a series of rigid rules but by a fluid process requiring constant re-evaluations to adapt to changing environments. As evoked by Kinnaman and Bleich, the institutional era must make room for adaptive management models (Kinnaman and Bleich 2004). According to these authors, the new structures must not have as sole objective increased productivity, a management mode that eliminates any variation limiting the evolution and adaptation of management systems.

One last key element addressed by Scott to introduce and develop shared governance is the proper preparation of employees to make them well aware of their roles and responsibilities in the system.

**Shared Management Highlights**

- Proposal of the leadership-for-all model characterized by a sense of belonging, a presence of leaders at all levels, organizational support for leaders, a redefinition of traditional roles and detailed training for all would be important.
- Implementation of fluid processes in changing environments.

8 Nurses’ Roles

A review of recent literature shows a trend in redefining roles to adapt healthcare systems to the contemporary world. This bibliographical corpus reviews the various roles of nurses: their medical practice, their place in the management and organization of healthcare and their political influence.

Several factors are influencing the evolution of the role of nurses. The aging population in the industrial societies is an interesting issue for many nursing researchers. Some authors question the role of nurses in services for senior citizens (Andrews, Manthorpe and Watson 2004, Tabloski 2004) or home care (Kallert and al. 2004, Rantz Mj and al. 2004, Weech-Maldonado and al. 2004). The increased number of travellers is another present-day demographic change to which nursing must adapt (Hoveyda, McDonald, and Behrens 2004).

Today, healthcare systems are undergoing a transition in most countries. Nursing governance will have to be redefined when confronted with the new healthcare system reforms (OIIQ 2004: p. 8). According to Mrayyan, one way of adapting to changes in the current healthcare system changes is to give nurses more autonomy (Mrayyan 2004).

8.1 The Autonomy of Nurses

Today, autonomy is a very popular concept among the nursing staff. Lack of autonomy would also be related to the development of nurse dissatisfaction which would partially explain why
some of them leave (the healthcare system). Several authors are for giving nurses more autonomy and some even propose concrete solutions.

8.1.1 The Influence of Nurse Managers

In her publication entitled *Nurses' Autonomy: Influence of Nurse Managers' Actions*, Mrayyan addresses the perception of nurses on their autonomy, the role of nurse leaders in its promotion and what they can do to have more of it. This article is the result of a vast comparative study between Canada, the United States and the United Kingdom. According to Mrayyan, the autonomy of nurses is often limited to decisions related to patient care whereas their influence in administrative decisions is often minimal. In general, nurses believe they have moderate autonomy and would like to have more of it in healthcare management (Mrayyan 2004:333).

Based on interviews with the nursing staff, Mrayyan has identified three variables increasing the autonomy of nurses: support-based management, increased training and experience. Inversely, according to the nurses interviewed, three factors hinder their autonomy: autocratic administration, workload and doctors. A number of studies point to the central role of nurse leaders in promoting the autonomy of nurses (Mrayyan 2004:327). Nurse leaders would also have an impact on the creation of positive work environments while offering patients better care. Mrayyan favours the implementation of participatory leadership by nursing staff managers. This type of management, which is increasingly used according to the author, would improve communication between managers and nurses in order to define what would increase the autonomy of nurses and lead to a fair cooperation with doctors. The lack of autonomy in the nursing sector is often related to the traditional model of supervision and control by doctors. The nurse-led model is a care management model designed to change this situation.

8.1.2 Nurse-led Model

The term “nurse-led” is found twice in modern literature on nursing. First, this term is often used to define the increasingly medical roles of nurse practitioners whose functions are now overlapping or replacing some of the practices traditionally attributed to doctors (Barber, Martin, and O'Donnell 2004, Currie and al. 2004, Uppal and al. 2004a, Uppal and al. 2004b). Barber for example, compares the efficiency and economic impact of bronchoscopies performed by nurses and doctors (Barber, Martin, and O'Donnell 2004).

Even more interestingly for the FERASI Centre, some authors use the term “nurse-led” to define a system centred on nursing care. This model is opposed to the traditional “medically staffed” model\(^1\) where doctors are central. For example, a study carried out by Gilmartin in England analyzes the satisfaction of patients that were admitted to a surgical preparation department administered by nurses (Gilmartin 2004). For their part, Daniel and Banerjee evaluated the potential of implementing the nurse-led model in a pre-clinical admission department (Daniel and Banerjee 2004). Another study carried out in the Netherlands demonstrated that an external consultation service for childhood asthma that is administered according to the nurse-led model is less expensive than the same service administered by pediatricians even when a comparable level of care is maintained (Roorda and al. 2004).

Some studies tend to show that the nurse-led model can be used as a centralized administration system for a healthcare unit. For example, Watson’s recent study details the implementation and evaluation of this model within a neonatal unit of a hospital in Ashington, a small town located in northern England. In 1995, the responsibility of this unit was given to six advanced neonatal nurse practitioners. These professionals had access at all times to advice from experts in a world-renowned neonatal care centre in Newcastle. The development of this nurse-led unit was monitored and carefully evaluated over a period of five years. Watson, in his article entitled “Evaluating a Nurse-Led Model for Providing Neonatal Care,” summarizes a major comparative study between a unit implementing a nurse-led management model and others that were medically staffed.

Comparisons between the two management models were made at several levels. Taking into consideration the quality of care, this study shows that intrapartum or neonatal mortality dropped 39% after the implementation of the nurse-led neonatology service. Other quality care indicators show that this neonatology unit is as efficient as those administered by doctors. And parents seem to be more satisfied in a nurse-led unit than in a unit centred on the work of doctors. As stated by Ross, this can be explained in part by the fact that nurse-led models are usually more centred on the patient and offer more individualized service (Ross and al. 2004).

Watson concludes by stating that a team of well-trained, experienced nurses can offer neonatal care of equal or even better quality than that given by medically staffed teams. According to the author, one of the keys to success in implementing the nurse-led model in this unit is the involvement of trained nurses instead of nurses currently being trained). The author also insists that this new unit could not operate safely without consulting experienced neonatology pediatricians from other units. Such a unit must be developed in symbiosis with a larger centre that could offer advice at all times.

The two uses of the term “nurse-led” found in the literature, i.e. the role of nurse practitioners and a new type of management centred around nursing staff, are not exclusive and are often combined within the same publication. As demonstrated by Watson, the nurse-led management model is implemented by involving nurse practitioners that have greater roles (practical and clinical). As nurse practitionering is becoming recognized internationally (Van Offenbeek and Knip 2004), it is important to analyze its current role in nursing services administration.

### 8.1.3 Nurse Practitioner Roles

Several studies show the positive impacts (results, costs, patient satisfaction, resource coordination) of the involvement of healthcare professionals in care organization (Thorman 2004:382).

Van Offenbeek analyses the role of nurse practitioners in Dutch hospitals that were using new multiprofessional healthcare organizations centred on specific patient groups (Van Offenbeek and Knip 2004). This new management model follows a trend oriented towards a patient-focused instead of a profession-oriented healthcare organization (van Offenbeek and Knip 2004:675). This type of management is in keeping with the OIIQ’s description of program-clientele management used to respond to the imperative of simplifying and accelerating the coordination of interdisciplinary teams around a clientele (OIIQ 2004).

In his article entitled “The Organization and Performance Effects of Nurse Practitioner Roles,” Van Offenbeek shows the impact of the participation of nurse practitioners in the organization of the healthcare system. He affirms that their work can increase the quality of work conditions.
for other professional groups (Van Offenbeek and Knip 2004:678). Van Offenbeek concludes by affirming that one of the key elements for the application of innovative forms of nursing practices is to include nurses within a work structure adjusted to the needs of the environment and to a team with mixed competencies.

The literature demonstrates the positive role of nurses in healthcare organizations. According to some, the increase of their autonomy can even improve the job environment. This is of major importance, considering the international nurse shortage, and is a research topic of great interest for the FERASI Centre.

**Highlights of Trends in Nurses’ Roles**

- Propose terms and conditions for nurses to have more autonomy.
- Conduct research projects analyzing both management models and the introduction of new roles or functions among organizations and the healthcare system.
- Two conceptions of the nurse-led model are considered: the first, centred on the practitioner's role, and the second, consisting of a care unit administration system centred on nursing staff.
- A trend in using nurse practitioners and highlighting their positive impacts.
9 Workforce Management in a Time of Shortage

Today most of the international community is affected by a shortage of nurses. Except for a few European countries (such as Spain, Finland, Germany) and Asian countries, most developed nations currently lack nursing staff (Baumann 2004:19). This shortage also affects some of the developing countries because of the exodus of nurses to industrialized countries (Brown and Connell 2004, Stilwell and al. 2004).

This situation is caused by several factors such as demographic changes (aging of the population, low birth rate, increased life expectancy), technological advances, globalization and variations in nursing supply and demand (Baumann 2004). Some authors believe that this nursing staff shortage is caused by general job dissatisfaction; working conditions, non-competitive salaries, lack of full-time jobs, etc. (Baumann 2004, Duffield, Pallas, and Aitken 2004, Hope 2004, Mrayyan 2004, Seo, Ko, and Price 2004, Shields 2004). The literature proposes three main solutions: internal recruitment, external recruitment and job retention (Baumann 2004).

To counter the shortage of nurses, many countries have implemented various strategies in order to increase national recruitment. Measures to increase the supply of nurses are applied. For example, by increasing student quotas and awarding more scholarships (Baumann 2004:22). In their article entitled “Recruiting Knowledge, Not Just Nurses,” Kaeding and Rambur claim that the merit-based scholarship program allowed the University of Vermont to substantially increase its number of registrations (Kaeding and Rambur 2004). The method used by this educational institution is based on a provincial merit-based scholarship program aimed for nursing students who have exceptional academic records. According to these authors, this program could increase the number of candidates who have outstanding intellectual skills. This would help to redefine the nursing profession as a group of knowledge workers, i.e. staff with responsibilities requiring the exercise of judgement, problem solving and having innovative ideas (Kaeding and Rambur 2004:137). In other words, this program would help break down the general perception that nursing is essentially a manual-labour profession and at the same time target the division of competencies and skills in the medical arena. This program would, therefore, create a positive image of the profession, which would assist in recruitment efforts. According to the Kaeding and Rambur study, the program would have increased university enrolments by 92% and enrolments in nursing colleges by 83%.

Novotny and her research partners instead propose strategic alliances between educational institutions and hospitals in order to increase the number of available nurses (Novotny, Donahue and Bhalla 2004). In their article entitled “The Clinical Partnership as Strategic Alliance,” the authors offer a model for altering the arrangements between hospitals and academic institutions so that they better correspond to the current needs of healthcare systems. This model is based on studies on strategic alliance management. This strategy is intended to make up for the nursing sector’s increasing demands to satisfy the mutual needs of both faculty and hospital staff while overcoming economical barriers (Novotny, Donahue, and Bhalla 2004).

Another solution to the shortage of nurses is to attract non-practicing nurses back to the profession. Some countries such as France are developing strategies to entice former practitioners to return to their nursing careers (Baumann 2004). These action plans offer such benefits as refresher courses, improved child-care centres, more flexible working hours and cash bonuses. In order to develop effective reintegration strategies more information is needed about nurses who have left the profession.
Duffield carried out studies to determine the reasons that prompted nurses to quit their occupation and those that incited them to choose it in the past (Duffield and al. 2004, Duffield, Pallas, and Aitken 2004). Most of the former nurses questioned in the study chose this occupation through altruism, whereas others chose it by default. Some respondents indeed chose this path because they were not accepted in other disciplines (the study does not specify which) or they did not know what else to do. Other former nurses interviewed chose this discipline as a stepping stone towards another career. Unfortunately, Duffield does not specify what their new careers were in his study. Other reasons frequently given in the literature are a family history of health professionals and job security. According to Duffield, the reasons explaining the job termination of the former nurses interviewed are the following: job dissatisfaction, negative image of nurses and difficulty of balancing private life with work. Some researchers are working on ways to estimate job satisfaction. For example, the Seo evaluation model analyzes three types of variables that have an impact on the satisfaction of nurses (Seo, Ko, and Price 2004). The author retained four structural variables (workload, manager support, routine and salary), two psychological (positive and negative affectivity) and one environmental.

Government action plans to reduce the shortage of nurses are usually focused on recruiting campaigns and devote little effort to nursing job retention (Baumann 2004). The RCN believes that “medium and long term strategies to improve workforce planning as well as standards and practices in human resource management, are essential to ensure a strong workforce within the country” (RCN 2002: quoted in Baumman 2004). A vast literature is currently developed on the development of workforce management models, especially concerning the improvement of working conditions and the psychological health of nurses. In a descriptive study, Jamal shows the link between the non-standard working hours and burn-outs, stress and psychosomatic problems of full-time employees in a city of Western Canada (Jamal 2004). Employees who work during the weekend and those who do not have a standard schedule (9:00 A.M. to 5:00 P.M.) show more emotional fatigue and suffer more from stress and psychosomatic problems than employees who have regular working hours.

Some authors recommend that organizational development initiatives include studies regarding the staff’s emotional health in order to create a positive work environment (Chan and Huak 2004). In the same vein, Dendass proposes the person-environment congruence (PEC) model to increase the congruence between people’s needs (ex.: security, socialization, intimacy, accomplishment) and the requirements of their work environment. This model is based on the hypothesis that congruence leads to satisfaction and positive achievements, whereas incongruity leads to stress, dissatisfaction and negative results. According to the author, the implementation of this model could improve care in the nursing sector, thus increasing nursing staff retention.

The literature also shows an interest for improving intergenerational relationships in order to help to establish a healthy environment. According to Duffield and her research partners, the newer generations of nurses have different values compared with those of more experienced generations (Duffield, Pallas, and Aitken 2004). For example, baby boomers prefer stability and security in comparison with baby busters who want flexible hours, career mobility, life options and a balance between work and lifestyle. According to Thorman, today’s leaders, who are developing the leadership of tomorrow, must take into consideration other generations to avoid conflicts.
Magnetic hospitals studies showing a higher job retention rate are critical in the context of a shortage of nurses. For example, studies carried out in several magnetic hospitals show the increased responsibility of nurse leaders as a factor in the success of the organizations. According to Thorman, the control of nursing executives over nursing practices and the work environment is greater in magnetic hospitals than in those that are not magnetic (Thorman 2004:382). Kinnaman and Bleich state that studies on magnetic hospitals have proved that the retention of nurses was related to their level of participation in decision making and the organization of care systems (Kinnaman and Bleich 2004). The authors put forth an equal distribution of powers among the professions. According to them, the differences in powers between administrators, doctors and nurses inhibit the development of optimal relations. The attention given to a proposal should not depend on the discipline or hierarchical rank to which the person who proposed the idea belongs. This concept applies to clinical, administrative and political decisions.

The influence of nurses in political decisions is another field addressed in the literature.

**Workforce Management Highlights**

- Redefine nurses as knowledge workers to restore their image.
- Need of pioneering and creative models that would conciliate nurse needs and those of the organization, like the person-environment model and magnetic hospitals.

**10 Political Influence of Nurses**

According to Jennings, one cannot make long-term transformations to the healthcare system without asking the opinion of nurses, the largest group in the healthcare sector (Jennings 2004). An increasing number of studies published give the nurses’ point of view regarding the effects of some political decisions (Aroskar, Moldow, and Good 2004, Kallert and al. 2004, Rogers 2004, Simpson 2004). Kallert for example, illustrates in her article the nurses’ perspective of the deinstitutionalization process of psychiatric hospitals in Germany. However, even if publications illustrate the perspectives of nurses on healthcare-related political decisions, the political influence of this occupational group still remains minimal (Thorman 2004). Different strategies are presented in the literature to increase the influence of nurses in political decisions.

Some authors discuss the importance of nursing research organizations that analyze political situations and ways to influence them (Rafferty and Traynor 2004). To this end, the RCN has created the CPNR (Centre for Policy in Nursing Research). The overall objective of the Centre to analyze and influence political situations related to nursing sectors (including the practice of midwifery). A recent article by two CPNR members (Rafferty and Traynor) highlights the various factors needed to increase the political influence of nurses (Rafferty and Traynor 2004).

According to the authors, the first steps in establishing political leadership are to analyze the political environment, identify the targets to be influenced and mobilize the resources required. A number of players are struggling to have influence and policy makers are responding to several forces. To have political influence, one must be clever and anticipate the repercussions that some changes could have on his or her own projects. Successful political changes require an alignment of government and professional programs. The priorities of both the government and the nurses must converge. The orientations that nurses would like to give to
research as well as the trends followed by the governments need to be identified. Then the convergence can be carried out in two ways. The first is to orientate nursing research according to the government’s research priorities. The second would be to influence the government’s research priorities for them to be closer to those of nurses. To do so, evidence bases on which recommendations could depend need to be generated. It would also be judicious to conduct studies showing the positive impacts of listening to nurses in the political decisions related to healthcare. Rafferty and Traynor also propose the creation of coalitions and alliances to increase the political influence of the nursing sector.

According to Rafferty and Traynor, another element essential for leadership policy is the development of better training in nursing science and the areas of multidisciplinary health research (Rafferty and Traynor 2004). Doctorate or post-doctorate scholarships in nursing sciences and additional investment in research would help to establish a research community dedicated to nursing policy issues. According to the authors, the activities promoting research in nursing science must be carried out in parallel with leadership development.

Thorman evokes the need of including more nurse leaders in the decision-making process regarding resource allocations, strategic directions and future planning. The author gives various strategies that can be used by a healthcare sector leader to influence the decisions made at boardroom tables. First, the importance of sector representation within the organization must be increased. She also addresses the importance of good cooperation between senior leaders and nurse leaders in order to create joint strategies to have political influence. According to Thorman, for the nursing sector to have influence, nursing leaders must sit on governmental committees and have influence within them. Traditionally, the role of the nursing leaders within U.S. government committees is still weak and often limited to a non-voting member status. The author highlights the growing number of nurses who now sit in government boardroom meetings; however, the number of nurses who can vote in these organizations has increased only slightly.

Thorman also evokes the need to increase the number of nurses who have leadership skills within senior leadership teams. In her opinion, the composition of senior leadership teams is currently changing in the United States. Nowadays, these groups have more and more doctors who are holding a Master’s degree in management. Nurse leaders are usually selected according to clinical skill criteria. They often have no leadership training and learn their roles on the job. Nurses need to prepare for leadership during their training (Master’s degree in nursing, health or business administration). Nurses who have graduate studies have more influence on executive teams (Thorman 2004:385). Thus a nurse with a doctorate occupies an equal or superior position to a fellow doctor.

Thorman concludes by stating that nurses can have important roles in influencing directions taken by organizations. The key to success is a good university preparation and good cooperation with senior leaders and other key relations.

**Political Influence Highlights**

- Political influence still remains minimal
- Research could help to refine political analysis
- Align professional priorities with those of the government
- Influence research priorities in order to include those of nurses
- Include more nurse leaders in high-level decisions-making
- Improve nurse training
11 Conclusion: Redefining the Limits

The beginning of the new millennium is a pivotal time in healthcare system administration. A transition towards more adaptable management models is a trend that can be currently seen almost internationally. However you look at it, health reforms are influencing a large part of the modern literature on nursing administration. The analysis of recently-published articles in this area of investigation has revealed a key concept central to several publications: the redefinition of limits and of their interfaces. This trend can be seen on several levels, notably in the very way research projects are conceived and carried out.

Today, the academic and professional hermeticism of health researchers is leaning towards interdisciplinarity. Nursing administration research is leading this trend. The FERASI Centre, having been granted an interdisciplinary mandate, must therefore promote innovation. For example, in keeping with Ross's proposal, the Centre could help to develop competencies allowing beneficiaries to participate in some studies and evaluate their impacts (Ross and al. 2004).

Limit changes necessarily underlie health reforms. For example, an orientation towards an integrated public health system means redefining certain boundaries between organizational levels that were formerly isolated. In this situation, the continuity of care is of major importance for the FERASI Centre. The creation of patient-centred organizations is another current health reform trend requiring a redefinition of limits. For example, certain authors propose a redefinition of patient and caregiver role limits. In this perspective, the FERASI Centre could promote the development and evaluation of models that leave more room for beneficiaries to participate in the decision-making process. The impact of this redefinition on the nursing sector must be questioned.

The roles of healthcare professionals and administrators are also likely to be redefined. Nurse practitioners are a concrete example of the redefinition of traditional thresholds of clinical responsibility. The trend towards greater roles for nurses affects not only their practice, but also their place in the organization of care services. Many studies have been conducted on the reorganization of responsibilities of leader nurses and on their importance in the transitions of healthcare systems. Some authors favour an empowerment of the nursing sector by using, for example, the nurse-led model for certain care sectors. This new management model raises several interesting questions for the FERASI Centre. For example, how can an interface be created between the nurse-led model and the traditional models centred on doctors? What are the nurses’ roles within this system? The joint management between nurses and doctors as an alternative to the nurse-led model is also proposed in the literature. This new model also involves redefining the limits of the health professional’s role in order to improve their cooperation. One of the major challenges in establishing governance is to overcome the traditional barriers among different occupations in order to distribute decision-making powers more efficiently. Managers using the participatory leadership model would be able to modify the role limits of professionals in care organization. Thus, the FERASI Centre should promote studies evaluating such models.

According to some authors, an increase in autonomy and participation in care organization contributes to the development of a better work environment. This point is even more relevant when taking into consideration the current shortage of nurses. According to many, the shortage of nurses would be linked more to work dissatisfaction than to an imbalance between supply and demand for nurses. In order to increase the retention of nursing staff, it would be beneficial to redefine their roles in the administration of services so that they can contribute to the
creation of a positive work environment. To this end, the FERASI Centre should promote the development of studies concerning magnetic hospitals in order to define the characteristics required to retain its nursing staff.

The literature also discusses the need for increasing the level of political influence that nurses exercise. According to Jennings, long-term changes cannot be made to the healthcare system without consulting the nurses, the largest group in the healthcare sector (Jennings 2004). According to Thorman, nurses must have more influence in governmental consultation bodies in order to have an impact on decisions concerning healthcare systems (Thorman 2004). In order to understand the current situation, the Centre should promote studies analyzing the political influence of nurses within the Québécois context. Rafferty maintains that the priorities of governments and the nursing sector must be harmonized (Rafferty and Traynor 2004). To this end, the FERASI Centre should allow the development of investigations analyzing the current convergence between government programs and nursing research issues.
Appendix: Keyword Combination Diagram

Central Term

nurs* (nurse, nursing…)

AND

Specific Terms

Shared Governance
Magnet* Hospital
Nurse-led*
Participative leaderships
RCN
Leadership Program

AND

General Terms

Trend*
Issue*
Drive*

Futur* OR

Outlook
Prospect
View*

Setting

Thematic Terms

Workforce
Staff*(staff, staffing…)
Manpower
Supply OR

Labour
Employ*(employment, employees…)
Personnel

Administration
Management
Planning
Organization OR
Administration
Plan
Governance
Operational

AND

Politics

Policy
Politic*
Policie*


c

Responsibility (+++)
Role
Lead*(leadership, lead…)
Liability
Accountability
Executive
Function OR

Legend

* = truncation
Green letters are links between thematics
Red letters are links within a thematic

(+++) This section can be combined with other thematic sections


Jennings, B. M. 2004. The intersection of nursing administration research and health services research: stop and look both ways before proceeding! *J Nurs Adm* 34:213-5.


